

# CROCKETT & CROCKETT

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February 5, 2010

Commissioner of Patents and Trademarks  
Mail Stop 16  
Attn: Refund  
P.O. Box 1450  
Alexandria, VA 22313-1450

Fax: 571 273 6500

Subj: Refund of overpayment of fees  
U.S. Patent App. 10/581,655  
Filed: May 31, 2006  
Docket No. 212/890US

Re: Refund of overpayment of filing fees

Dear Sir:

The Applicant submitted an amendment and a Request for Continued Examination on January 21, 2010 with a payment of \$405 for the RCE fees under 37 CFR 1.114 as evidence by the enclosed electronic acknowledgement receipt. The Applicant was double charged \$405 on January 21, 2010 for the RCE as evidence by the enclosed copy of the credit card account statement.

Applicant requests that the Commissioner please refund the overpayment of \$405.00 to visa credit card account ending #4583. This request is timely as defined in 37 C.F.R. \$1.28(a).

Sincerely,



Susan L. Crockett, Esq.

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## Certificate of Facsimile Transmission

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at the facsimile telephone number indicated below.

Fax No. 571 273 6500  
Date: January 27, 2010

  
Vanessa Trujillo

## Electronic Patent Application Fee Transmittal

**Application Number:**

10581655

**Filing Date:**

31-May-2006

Refund Ref:  
02/22/2010

0030080173

Credit Card Refund Total: \$405.00

VISA...: XXXXXXXXXXXXX4583  
**Title of Invention:**

Data carrier and method for manufacturing the same

**First Named Inventor/Applicant Name:**

Gunter Endres

**Filer:**

Niky Economy Syrengelas

**Attorney Docket Number:**

212/890US

Filed as Small Entity

### U.S. National Stage under 35 USC 371 Filing Fees

Description

Fee Code

Quantity

Amount

Sub-Total in  
USD(\$)

**Basic Filing:**

**Pages:**

**Claims:**

**Miscellaneous-Filing:**

**Petition:**

**Patent-Appeals-and-Interference:**

**Post-Allowance-and-Post-Issuance:**

**Extension-of-Time:**

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
<b>Miscellaneous:</b>				
Request for continued examination	2801	1	405	405
<b>Total in USD (\$)</b>				<b>405</b>